|      | <br> | <br> |  |
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| PATENT APPLICATION FE | E DETERMINATION RECORD |
|-----------------------|------------------------|
|-----------------------|------------------------|

Application or Docket Number

| Effective December 29, 1999  |   |            |                        |             |      |                                 |  | שו<br>       |              | 09                     | 6          | 521                                   | 708                    |
|--|---|------------|------------------------|-------------|------|---------------------------------|--|--------------|--------------|------------------------|------------|---------------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |            |                        |             |      |                                 |  | SMALL ENTITY |              | OR                     | OTHER THAN |                                       |                        |
| FOR  |   |            | NUMBE                  | BER FILED   |      | NUMBER EXTRA                    |  |              | ATE          | FEE                    | 7<br>1     | RATE                                  | FEE                    |
| BASIC FEE  |   |            |                        |             | 1    |                                 |  |              |              | 345.00                 | OR         |                                       | 690.00                 |
| TOTAL CLAIMS   |   |            | 110                    | 3 minus 2   | 20=  | . 90                            | 3  | X            | <br>6 9=     |                        | 1          | X\$18=                                | 16 2 1                 |
| INDEPENDENT CLAIMS   |   |            | 14                     | minus       | 3 =  | · //                            |  |              | 39=          |                        | OR         |                                       | 1674                   |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |            |                        |             |      |                                 | <del></del>                              |              | OR           | X78=                   | 808        |                                       |                        |
| * If the difference in column 4 is less than 1 and 1 a |   |            |                        |             |      |                                 | +1                                       | 30=          |              | OR                     | +260=      |                                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |            |                        |             |      |                                 | ТО                                       | TAL          |              | OR                     | TOTAL      | 3222                                  |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |   |            |                        |             |      |                                 | OTHER THA<br>SMALL ENTITY OR SMALL ENTIT |              |              |                        |            |                                       |                        |
|  |   | CL/        | AIMS                   |             |      | Column 2)<br>HIGHEST            | (Column 3)                               | 310          | <u> </u>     | ADDI-                  | OR<br>I I  | SWALL                                 | ADDI-                  |
| AMENDMENT A  |   | AF         | AINING<br>TER<br>DMENT |             | PF   | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                         | R/           | ATE          | TIONAL<br>FEE          |            | RATE                                  | TIONAL<br>FEE          |
| ND   | Total   | *          |                        | Minus       | **   |                                 | =  | X\$          | 9=           |                        | OR         | X\$18=                                | ,                      |
| AME  | Independent                                     | *          |                        | Minus       | ***  |                                 | =  | X            | 89=          |                        | OR         | X78=                                  |                        |
| _  | FIRST PRESE                                     | NIAIIO     | N OF MU                | JLTIPLE DEI | PEND | DENT CLAIM                      |  | ±1'          | 30=          |                        |            | +260=                                 |                        |
|  |   |            |                        |             |      |                                 |  |              | OTAL         |                        | OR         | TOTAL                                 |                        |
|  |   | (Colu      | ımn 1)                 |             | (    | Column 2)                       | (Column 3)                               | ADDIT        | . FEE        |                        | OR,        | ADDIT. FEE                            |                        |
| В  |   | CL         | AIMS                   |             |      | HIGHEST                         |  |              |              | ADDI-                  |            |                                       | ADDI-                  |
| MENDMENT   |   | AF         | AINING<br>TER<br>DMENT |             | PF   | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                         | RA           | TE           | TIONAL<br>FEE          |            | RATE                                  | TIONAL<br>FEE          |
| NDN  | Total   | * Minus    |                        | **          |      | = .                             | X\$                                      | 9=           |              | OR                     | X\$18=     |                                       |                        |
| AME  | Independent                                     | *          |                        | Minus       | ***  |                                 | =  | ХЗ           | 9=           |                        | OR         | X78=                                  |                        |
|  | FIRST PRESE                                     | :NTATIO    | N OF MU                | JLTIPLE DEF | PEND | DENT CLAIM                      |  |              |              |                        |            | · · · · · · · · · · · · · · · · · · · |                        |
|  |   |            |                        |             |      |                                 |  | +13          | 30=<br>OTAL  |                        | OR         | +260=                                 |                        |
|  |   |            |                        |             |      |                                 |  | ADDIT        |              |                        | OR ,       | TOTAL<br>ADDIT. FEE                   |                        |
|  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |            |                        |             |      |                                 |  |              |              |                        |            |                                       |                        |
| ENT C  |   | REMA<br>AF | AINING<br>TER<br>DMENT |             | PF   | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                         | RA           | TE           | ADDI-<br>TIONAL<br>FEE |            | RATE                                  | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total   | *          |                        | Minus       | **   |                                 | =  | X\$          | 9=           |                        | OR         | X\$18=                                | <u> </u>               |
|  | Independent                                     | *          |                        | Minus       | ***  |                                 | =  | <u> </u>     |              |                        | ŀ          |                                       |                        |
| lacksquare   | FIRST PRESE                                     | NTATIO     | N OF MU                | JLTIPLE DEF | PEND | ENT CLAIM                       |  | X3           | <del>=</del> |                        | OR         | X78=                                  |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |            |                        |             |      |                                 |  |              |              |                        |            |                                       |                        |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  |   |            |                        |             |      |                                 |  |              |              |                        |            |                                       |                        |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |            |                        |             |      |                                 |  |              |              |                        |            |                                       |                        |